

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90202 049 ***150.00

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DOCUMENT # P94000068053 1. Entity Name 21ST CENTURY ELOQUENCE, INC.			
Principal Place of Business 7108 FAIRWAY DRIVE 101 PALM BEACH GARDENS, FL 33418		Mailing Address 7108 FAIRWAY DRIVE 101 PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business <i>1411 North Flagler Drive</i> Suite, Apt. #, etc. <i>Suite 8400</i> City & State <i>West Palm Beach, FL</i> Zip <i>33401</i> Country <i>USA</i>		3. Mailing Address <i>1411 North Flagler Drive</i> Suite, Apt. #, etc. <i>Suite 8400</i> City & State <i>West Palm Beach, FL</i> Zip <i>33401</i> Country <i>USA</i>	
4. FEI Number 65-0521579		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHMAN, ERIC S MD 215 GRAND POINTE DRIVE SUITE PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FISHMAN, ERIC S MD 7108 FAIRWAY DR. #101 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pres Eric Fishman MD 1411 N. Flagler Drive Suite 8400 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISHMAN, ANN 7108 FAIRWAY DR 101 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Ann Fishman 1411 N. Flagler Drive Suite 8400 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Ann Fishman</i>		Ann Fishman VI 4/28/06 561-776-1724	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	